TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement on separate docushare document

CLAMA	ITIC MALL	F					CCALLOS.	EMPLOYEE NUI	ADCD!		DEDART	Page		1 Pages	
CLAIMANT'S NAME William Douglas Hoffner							SSAN OR	EMPLOYEE NUI	MBER"		Labor & Workforce Development Ag				
POSITION BARGAINING UNIT							DIVISION	OR BUREAU			IL SERVICES CODE				
: -							& Workfor	ce D	evelopn	nent Ag	The second secon	E 25			
RESIDENCE ADDRESS*								HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
•							801 K Street, Suite 2101						916-327-9064		
CITY				STATE		ZIP CODE	0.00					STATE		ZIP CODE	
<u> </u>							Sacrar	nento			CA			95814	
(1) MONTHYEAR			(4)	(5)	MEALS		(6)	(7)			ISPORTATION		(8)	(9)	
09	2009	LOCATION				0 A		(A)	(B)	(C)		(D)			
(2) Date	Time	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,L/T, RELO. or DINNER	INCIDEN- TALS	COST OF TRANS	TYPE USED	CARFARE, TOLLS, PARKING	PRIVA* Miles	TE CAR USE Amount	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
2	1030	Sac to Mexico	166.16		10.00	18.00			PC		11.02	\$6.061		200.221	
3		Mexico	166.16	**	**	**	6.00							172.160	
4	2430	Mexico to Sac		**	10.00	18.00	6.00		PC P	27.00	30.69	\$16.880		77.880	
	2430			20 0			71	-				· · · · · · · · · · · · · · · · · · ·			
	Continental Airlines via State Contract w/Sac Travel										7				
	21	-,-	9									50			
			1												
- W								14							
			-										 		
						2									
(10)	SUBT	LOTALS	332.32		20.00	36.00	12.00			27.00	41.71	\$22.941		\$450.26	
COLU	MN CO	DE (ACCTG. USE ONLY)	Company and	Agent Vella, m	Selection (1)		112,76		Page of Ed			351945455	(TANALAS)	1 (14) (# (14)	
		TOTAL					7.					· ·			
(11) PURI	POSE OF	TRIP:		(11A)		Sumi	mary				(12) NOF	RMAL WORK	HOURS		
REMARK	S AND DE	TAILS (Attach receipts/vouchers wh	en required)	Description/ Cost Center	Exp. Code	Debit Amount	Project Code Activity Code Use Only								
9/2-4 Border Governor's Conference in											(13) PRIVATE VEHICLE LICENSE				
Monte	rrey, iv	Mexico ** = provided									(14) MILE	EAGE RATE (CLAIMED		
				10 								\$0.550			
													COUNTING OF	FFICE	
A"	6	- II		Total		Document Reference Prepared By					PAID BY REVOLVING FUND CHECK NUMBER				
Ca gre	lifornia. If eater than	ERTIFY That the above is a true sta a privately owned vehicle was used the rate claimed and that I have me eat belt usage.	, and if mileage	rates exceed	incurred by n the minimum	rate, I certify th	at the cost of	of operating the v	ehicle w	vas equal to o	ſ				
CLAIMAN				DATE	1-		(16) SI^			AVEL	AND PAYMEN	NT T		DATE	
\geq		Z I	7/8/	09_		>					3		9-9-09		
(17) SfGI	NATURE A	AD TITLE OF AUTHORITY FUR SI	-ECIAL EXPEN	SES/(Seg/Iten	n 17 on revers	se)			1					DATE	
- ANTA-STORY -		/												SE ESTABLISHMENT OF THE SECOND STATE OF THE SE	

TRAVEL EXPENSE CLAIM

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		W 1										Page _1_	1	Pages		
CLAIMAN							SSAN OR E	MPLOYEE NUM	BER*		DEPARTM					
William Douglas Hoffner								Labor & Workforce Development Ag								
POSITION BARGAINING UNIT							DIVISION OR BUREAU EMPLOYEE MIC or 4-DIGIT MAIL SERVICES									
										velopm	ent Ag	ent Agency E 25				
RESIDENCE ADDRESS*								RTERS ADDRES					TELEPHONE NUMBER			
					8			Street, Sui	te 21	01	¥		916-327-9064			
CITY				STATE ZIP CODE			type prof.				STATE			ZIP CODE		
				CA			Sacramento					CA		95814		
(1) MONTH/YEAR (3)			(4)	(5)	MEALS	г	(6)	(7)	(D)	(C)	SPORTATION (D)		(8)	(9)		
09	2009	LOCATION						(A)	(B)	CARFARE,			4	*		
(2) Date	Time	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,L/T, RELO. or DINNER	INCIDEN- TALS	COST OF TRANS	TYPE USED	TOLLS, PARKING	PRIVA Miles	TE CAR USE Amount	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY		
29	0830	Sac to Los Angeles	n/a		10.00	18.00				2 2.00	11.02	\$6.061		46.061		
30		Los Angeles	n/a	6.00	provides	18.00	6.00			12.00				42.000		
1 -		Los Angeles	n/a	6.00	Provided	18.00	6.00	(0		12.00				42.000		
2	2045	Los Angeles to Sac		6.00	provide	4 18.00	6.00	322.95	PC	48.00	11.02	\$6.061		407.011		
	-370-1		#7A Sout	hwest Ai	irlines Sta	ate Contra	ract not available-used personal			card						
			Enterpris	e Rental	Car/via S	State Con	ntract									
		201														
														27 -		
			-										1000	10,		
	11 //			7/												
(10)	SUBT	OTALS		18.00	10.00	72.00	18.00	322.95		84.00	22.04	\$12.122		\$537.07		
COLUMN CODE (ACCTG. USE ONLY)						210 E-11			116	447.14	hraff.		·西斯特·斯特·	THE THE STATE		
0020		/ TOTAL	/1						•				10-73			
(11) PUR	POSE OF	TRIP:		(11A)		Sum	mary				(12) NO	RMAL WORK	HOURS			
Carlo Company		ETAILS (Attach receipts/vouchers w	Description/			Project For Fiscal Code Activity Code Use Only										
9/29-10/2 Governor's Global Climate Summit							Code		Use	Olity	(13) PR	IVATE VEHIC	LE LICENSE			
2 - Lo	dging i	not applicable		-				10 10 10 10 10 10 10 10 10 10 10 10 10 1				5105 BATE	OL AULIED			
stayed w/family near Los Angeles - #7(A)											(14) MIL	EAGE RATE. \$0.550	CLAIMED			
\$322.	95 = \$	307.20 Airfair \$15.75 F	RC fuel		-		-				es in a purior.		CCOUNTING O	FFICE		
												U	SE ONLY			
						Document Reference Prepared By			PAID BY REVOLVING FUND CHECK NUMBER							
(15) [1	HEREBY C	CERTIFY That the above is a true s	tatement of the tr	avel expense	Total s incurred by	me in accordar	ice with DPA	A rules in the serv	rice of th	e State of	1					
C: gr	alifornia. I eater than	f a privately owned vehicle was use the rate claimed, and that they	nd and if mileage	rates exceed	the minimum	rate. I certify the	nat the cost	of operating the v	rehicle w	as equal to	dr					
safety and seat belt usage. CLAIMAN DATE							(15) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT							DATE		
· ·					1/19					10-6.						
(17) SIC	MATINE	AND TITLE OF AUTHORITY FOR	ISES (See Ite	m 17 on rever	rse)	. ,							DATE			
> 3.6		1) /							/							